

AD-03.29 (rev. 7)
Attachment A
Page 13 of 21

Texas Department of Criminal Justice
TRANSPORT AUTHORIZATION FOR OFFENDER REMAINS

The undersigned authorizes and directs the coordinating funeral home

and/or its said agents or staff to make the removal of the said remains of

Meyer, Thomas from Palestine Region Medical Center
(Print Offender Name) (Print Unit/Location)

who died on 08/03/2011, and to hold until further notification
(Date of Death)

from the Warden of the unit with regards to the approval for an autopsy.

NOTE: If an offender death is determined to be from natural cause by a certified medical physician, the offender's family will be provided the opportunity to object to an autopsy.

Instructions: If death occurs on the unit the Warden shall sign this form authorizing the transport of the remains. If death occurs off the unit the Warden shall sign the form and shall deliver the form by the most expedient means to the appropriate medical staff at the location of the death.

[Signature]
Signature of Warden/Designee

John Rupert
Printed Name

Anita Westbrook
Medical Physician's/Registered Nurse's Signature

Anita Westbrook
Printed Name

Address of Physician/Registered Nurse:

2900 S Loop 256
Palestine, TX 75801

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Address of Physician/Registered Nurse:

2900 S. Loop 256
Palestine, TX 75801

Gary D. Thomas
JUSTICE OF THE PEACE
Precinct #1

Gloria Henry
COURT CLERK



ANDERSON COUNTY
JUSTICE OF THE PEACE PCT #1
P. O. BOX 348
ELKHART, TEXAS 75839
TEL: (903) 764-5661
FAX: (903) 764-0035

ANDERSON COUNTY

IN # 110027

**AUTOPSY AUTHORIZATION AND ORDER FOR TRANSFER OF DEAD BODY FROM
ANDERSON COUNTY TO ANOTHER COUNTY FOR AUTOPSY OR BURIAL**

On this day, an Inquest on the death of THOMAS MYERS
A WHITE, MALE, age 46 was conducted. With all evidence and / or testimony considered,
It is determined that an autopsy, on the body of the said deceased, is necessary, so that the cause
of death may be determined and for any other necessary reasons.

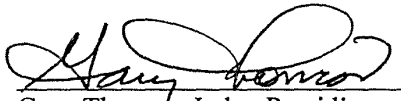
BE IT THEREFORE CONSIDERED, ORDERED, AND DECREED, that and autopsy be
had on the body of the said deceased. There being no Health Officer in and for Anderson County,
it is hereby ordered that Doctor _____, or any Doctor of Forensic Pathology,
duly licensed in the State of Texas, shall perform said autopsy.

The body shall be transported by and delivered to the facility as indicated below:
[] Herrington, [] Bailey & Foster, [] McCoy, [] Emanuel, [] Thompson, ☒ Carnes,
who has the remains of the deceased, shall transport, or arrange transportation of the said
deceased to: [] Galveston County Medical Examiner, Texas City, Texas, [] Southeast Texas
Forensic Center, Tyler, Texas, [] Dallas County Medical Examiner, Dallas, Texas, [] Dr. Bruce,
Lufkin, Texas, ☒ U.T.M.B. – Autopsy Services, Galveston, Texas.

FURTHERMORE, upon completion of said autopsy, the remains are to be released to
CARNES in TEXAS CITY, Texas.

Official Time of Death: 2:10 AM / PM, Official Date of Death: 8-3-11

ISSUED UNDER MY OFFICIAL SIGNATURE OF OFFICE, in Anderson County, Texas,
this 3 day of Aug, 2011.


Gary Thomas, Judge Presiding
Justice of the Peace, Precinct #1
Anderson County, Texas

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Offender Property Inventory**

CONTROL #

Offender (Print name): Meyers, ThomasTDCJ#: 680515Unit: CODate of Inventory: 08-03-11Reason for Inventory: Deceased**Section I: Authorized Offender Property**

Instructions: Enter the quantity in the appropriate column beside the item at time of inventory.

KEY: "O" = In Offender's possession; "P" = Stored in Property Room; ✓ = Must be registered; * = Only females may possess

ITEM	O	P	ITEM	O	P	ITEM	O	P	ITEM	O	P
Consumable Items:			Gender-Related (Females Only)			Personal Hygiene Items:			Miscellaneous Items:		
Bread			* Bobby Pins			Activator			✓ Alarm Clock (Limit 1)		
Canned Drinks			* Bras (Limit 7)			After Shave			Commissary Bag		2
Candy			* ✓ Curling Iron			Baby Oil			Commissary Chain (Limit 1)		
Cheese			* Douche Items			Baby Powder			Cup		
Chips			* Gender Box			Brush			Handkerchief		
Coffee			* ✓ Hair Dryer			Comb			Pencil Sharpener (Limit 1)		
Crackers			* Hair Accessories (6 items/sets)			Conditioner			Plastic Bowl		2
Hot Sauce			* Hair Rollers (Limit 24)			Dental Flossers			Plastic Lock/key (1 per box)		
Jelly			* Hair Ties			Deodorant		1	Small Nail Clippers (Limit 1)		
Meats			* Make-up (10 Items)			Foot Powder			Spoon		1
Pastries			* Panties (Limit 7)			Hair Dressing/Food			Tweezers		
Peanut Butter			* Perfume Lotion (Limit 2)			Hair Gel			Work Gloves (Limit 1)		
Pickles			* Sanitary Napkins/Tampons			Lotion			TDCJ Rule Book (GR-107)		
Soup			* Stud Earrings (Limit 2 pair)			Petroleum Jelly			Evulgas mix		1
Spreads			Health Care Device/Supplies:			Razor, Disposable		6	Calendar		1
Sweetener			✓ Prescription Eye Glasses		1	Shampoo					
Tortillas			✓ Prescription Sun Glasses			Shaving Cream					
Correspondence/Publications:						Shower Shoes		1			
Letters		2	(✓ Only if free-world)			Soap/Soap Dish					
Magazines			Jewelry Items (1 each):			Tooth Brush/Holder					
Newspapers			✓ Wedding Ring			Tooth Paste/Powder		1			
Craft Items:			✓ Wrist Watch			Religious Items:					
Colored Pencils			Legal Material:			✓ Medallion (Religious)					
Water Colors			Pleadings, Transcripts, law books, notes, atty. letters, carbon paper, writ envelopes, etc. Estimate Qty.			Other: (Headband, Hijab, Kufi, Medicine Bag, Natural Objects, Prayer Rug, tallith-Prayer Shawl, Turban, Wooden Comb, Yarmulke)					
Educational Items:											
All Books		5	Necessity Items:			Stationery Items:					
Literature (Pamphlets)		1	Gym Shorts-Personal (Limit 4)			Envelopes					
Electrical Equipment (1 each)			Shirts-Slits/Shorts, limit 1 pair		1	Greeting Cards		6			
✓ Fan <u>2hr/wind</u>		1	Socks-Personal, limit 1-2 pair		1	Ink Pens					
Headphones			Socks-Personal (Limit 4 pair)			Paper					
✓ AM/FM Booster/Antenna			Thermal Bottom-Personal (Limit 2)			Pencils					
✓ Hot Pot			Thermal Top-Personal (Limit 2)			Stamps (60 Max.)					
✓ Outlet Adapter <u>plug</u>		1	T-shirt-Personal (Limit 4)		1	Tablets		1			
✓ Clamp-on Lamp			photo album								
✓ Radio			Folder mix		2						
✓ Printer/Modem/Processor		1									

SECTION II: Staff Acknowledgment of a complete and accurate inventory

Instructions: If offender is not present during inventory, there must be a staff witness.

Inventory Staff (Print name): WhitakerSignature/Date: [Signature] 08-03-11Staff Witness (Print name): GreenSignature/Date: [Signature] 8-3-2011**SECTION III: Offender Receipt of Property**

I have reviewed the above inventory of my personal property and it is correct. I understand that if I choose to possess property while in TDCJ, I consent to its rules and regulations regarding acquisition, possession, storage, and disposition. I also understand that in the event of loss or damage determined to be the responsibility of TDCJ, reimbursement would generally be paid at no more than \$50 per item.

A. Items Retained by Offender and/or stored in the Property Room (See items marked above)Offender (Signature/Date): not present to signStaff Initials/Date: GR-03-11 [Signature]**B. Items Returned to Offender (See items marked above)**

Offender (Signature/Date): _____

Staff Initials/Date: _____

Instructions on back of Form

Las instrucciones de espalda de forma




TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Charles Meyers
813 Imperial
Denton, Texas 76209

Dear Charles Meyers;

One of the saddest duties of a chaplain is notifying the family of the passing of a loved one. With time it does not get easier. I am sorry to inform you of the passing of your son. He passed away at 0010 A.M. on 8-03-2011. I was told Thomas professed a belief in Christ and was ready to meet him. This should bring comfort. As a believer, I personally believe in eternal life and look forward to the completion of life's journey. I offer for encouragement one of my favorite scriptures. Paul's second letter to the Corinthians Chapter 5 and verse 6 through 8 "So we are confident, knowing that while we are home in the body we are absent from the Lord. For we walk by faith, not by sight. We are confident, yes, well pleased rather to be absent from the body and to be present with the Lord." This scripture brings assurance to believers that a far better condition awaits us and that our passed loved ones are already with the Lord. I regret that it is my task to inform you in such an impersonal way. On behalf of Warden Rupert, Myself, and all the Coffield unit staff I extend our deepest condolences in the passing of your brother. If I can be of any further service to you and your family do not hesitate to call on me.

Sincerely


Chaplain Dan Rose

Coffield Unit
Chaplain Rose / Chaplain Ray
Sons of God Chapel
2661 FM 2054
Tennessee Colony, Texas 75884
903-928-2211-----Fax: 903-928-2527



Texas Department of Criminal Justice

Brad Livingston

August 3, 2011

Charles Meyers
813 Imperial
Denton, Tx

Dear Mr. Myers,

I am sending you this letter to communicate how to claim the property of your son Thomas Meyers TDC#680515. As the next of kin, you may request the property to be mailed to you, at your expense or you can arrange to pick the property up at the Coffield Unit, by calling the Duty Warden at 903-928-2211.

Once arrangements have been made to pick the property up, the address you will need is; 2661 FM 2054, Tennessee Colony, Texas 75884

Please accept our sincere condolences for your loss.

H.H. Coffield Unit
Property Officer

Wayne Whitten

A handwritten signature in black ink, appearing to read "Wayne Whitten", is written over a horizontal line.

CC: Offender Records

/bw

COFFIELD UNIT
2661 FM 2054
Tennessee Colony, Texas 75884

PHONE NUMBER 903-928-2211



Texas Department of Criminal Justice
Institutional Division

Inter-Office Communications

TO: Lt. Randall
FROM: M. Sarubbi, COIII

DATE: August 2, 2011
SUBJECT: Meyers, Thomas #680515

I, Officer M. Sarubbi, while running turnkey on P-3, an offender approached me and told me that offender Meyers, Thomas #680515 was looking like he was going to pass out, so I gave Sgt. Munsinger my keys and ran to R-wing 2-row and went and checked upon him and he was sitting on the run in front of his cell and I asked him did he need medical assistance and he told me, "No." He said he was fine and then about 4 minutes later, after telling Sgt. Munsinger that offender Meyers, Thomas was looking like he was going to pass out. He told me to tell Officer J. Smith, which was the officer I had on there at the time they were racking up the offenders off of the Recreation Yard and the wing, because the count was messed up. Another approached me while standing in front of the door on R-wing and told me that offender Meyers, Thomas #680515 was passed out on the run. I gave Sgt. Munsinger my key and ran back up to 2-row on R-wing and offender Meyers was passed out on the run, but his eyes were open and he was breathing normally. I initiated ICS. I told Central that I needed a supervisor, A response, and medical to R-wing 2-row. Sgt. Munsinger was the first to arrive, then it was Officer Spears, then it was Lt. Rehse. Finally, medical arrived and after about 5 minutes after I initiated ICS. Then me, Officer Spears, Sgt. Munsinger and Lt. Rehse carried offender Meyers, Thomas down onto 1-row on R-wing, then Officer J. Smith was waiting down on 1-row to help us to put him on the gurney. Then Lt. Rehse, Sgt. Munsinger, and Officer Spears took the offender, with the RN, to the Infirmary to get checked out.

Michael Sarubbi



Texas Department of Criminal Justice
Institutional Division

Inter-Office Communications

TO: Warden Rupert DATE: 8/3/11

FROM: Sgt. Munsinger SUBJECT: Offender Meyers

On 8/2/11 at approximately 2230 PM Officer M. Sarubbi informed me that an offender on R Wing was not feeling well. I informed Officer Sarubbi to put the offender in the dayroom until we had racked up the unit due to count not being cleared yet. When M. Sarubbi went to R Wing 2 Row to tell the offender to go back to the dayroom he found the offender laying on the floor unresponsive. Officer Sarubbi immediately called for medical and a supervisor. As I arrived on R Wing 2 Row there was an unknown offender standing on the run; the offender returned to the dayroom as I got up to the run. Officer Spiers arrived followed by medical and Lt. Rehse. Officer Spiers, Officer Sarubbi, Lt. Rehse and I carried offender Meyers down to 1 Row then we placed him on a gurney. RN Gilmartin delivered the gurney to 1 Row and we escorted him to medical. Upon arrival to medical I assisted with blood pressure checks and helping where I could. After RN Gilmartin determined the seriousness of the situation 911 was called and an ambulance arrived, the paramedics immediately called for a helicopter and the offender was taken to the ambulance. While in the ambulance the paramedics started performing CPR.

A handwritten signature, likely of Sgt. Munsinger, written in black ink.



Texas Department of Criminal Justice
Institutional Division

Inter-Office Communications

TO: Warden Rupert DATE: 8/3/11
FROM: C. Settles CO IV SUBJECT: Offender Meyers

On 8/2/11 at approximately 2200 hours I was assigned to work R Wing. I was overseeing an Ingress when I observed offender Meyers sitting on bench watching TV in the 2 Row Dayroom. Offender Meyers did not voice any complaints to me at that time (that being the last time I observed that offender).

Cynthia, ~~Settles~~ CO IV



Texas Department of Criminal Justice
Institutional Division

Inter-Office Communications

TO:	<u>Warden Rupert</u>	DATE:	<u>August 2, 2011</u>
	<u>Officer Spiers</u>		<u>Offender Meyers, Thomas 680515</u>
FROM:	<u></u>	SUBJECT:	<u></u>

I, Officer Spiers, responded to an ICS on R-wing 2 row at approx. 2230. When I arrived, I helped Officer Sarrubi, Sgt. Munsinger, and Lt. Tehse carry the offender downstairs. I escorted the offender to the infirmary, where I then resumed my normal duties.

A Spiers COT



Texas Department of Criminal Justice
Institutional Division

Inter-Office Communications

TO: Ms. Waggoner

FROM: Lt. Corbett Randall

DATE: 08/03/2011


SUBJECT: Meyers, Thomas # 680515

On 08/03/2011 I Lt. Corbett Randall was at the searcher's desk when Officer Guthrie called to inform me that Offender Meyers had been pronounced dead at 00:10 hours at Palestine Regional Medical Center. I then informed Warden J. Rupert of the situation.

Texas Department of Criminal Justice
Institutional Division
Inter-Office Communications

To: WARDEN RUPERT, J


Date: 08/03/2011

From: LT. REHSE, C. 2-B-2 

Subject: OFFENDER MEYERS, 680515

ON 08/02/2011 AT 2230 AN ICS WAS INITIATED ON P3-R WING 2 ROW. OFFENDER MEYERS, THOMAS 680515 WAS LAYING UNRESPONSIVE. MEDICAL AND A RESPONSE RESPONDED. WHEN I LT REHSE, CHAD RESPONDED SGT MUNSINGER, CO3 SPIERS, AND RN GILMERTIN, WERE PLACING THE OFFENDER ON A BACK BOARD. THE OFFENDER WAS ESCORTED TO THE INFIRMARY. HIS VITALS WERE A BODY CORE TEMPATURE OF 104.6. HIS BLOOD PRESSURE WAS LOW AND HIS HEART RATE WAS HIGH. IT WAS DETERMINED TO TRANSPORT THE OFFENDER VIA 911 AMBULANCES. WHEN THE EMT ARRIVED THEY DETERMINED TO SEND THE OFFENDER VIA CARE FLIGHT. WHEN THE OFFENDER WAS BEING TRANSPORTED TO THE HELICOPTER HE WENT INTO CARIAC ARREST AND CPR WAS INITIATED BY EMT. THE OFFENDER WAS THEN TRANSPORTED TO PRMC VIA AMBULANCE. UPON ARRIVAL TO PRMC THE OFFENDER WAS PROUNANCED DEAD AT 0010. WARDEN RUPERT, REG DIR EASON, OIG HARDING, JUSTICE OF PEACE THOMAS, CHAPLAIN ROSE WERE NOTIFIED.

THE FOLLOWING ITEMS HAVE BEEN ADDRESSED AT THE TIME OF THE ICS THE ASSIGNED R WING OFFICER HAD GONE TO MEDICAL DUE TO FEELING DIZZY AND LIGHT HEADED DUE TO STAFFING THERE WAS NO AVAILBLE STAFF TO REPLACE THE OFFICER.



SO-4

Texas Department of Criminal Justice

Inter-Office Communications

To _____ Date _____

From _____ Subject _____

I was in my cell 2218 all day waiting on store out of the house. I seen my cell mate one time after he got off work in the kitchen about 2 or 2:30 when count cleaned cause he came on one day and yelled up for a water bottle, or he does this each day except minding his off day. Anyway - he goes into the dormroom after work to watch tv. He allows the sun to go down before coming in and going right to bed and right to sleep until next work call about 5:30 am. He was sleeping in the dormroom today and missed the rack up. I told the boss who closed the door that my cell mate was sleeping in the dormroom cause another inmate said so. Well - Tom comes up and sits down on the rail then stands up then sits down over and over 10 or 15 times. He was sick and told him to lay down. He did then up again. He finally sat down then up. I called for an officer and one came and asked him if he was OK. Tom said yes and wished to get in the cell on his bed. The officer left and the door to cell never opened. I had to call again and the same team key boss came about 20 minutes later. Then the medical got there and attempted to help Tom but he was out of it and was bad off now. All the officers and medical did really try to help Tom when he was on the run in front of our cell. He was never this bad sick while he was in our cell except tonight.

Ellis C. Davis
517187
2218

*SO-4

PALESTINE REGIONAL MEDICAL CENTER AND REHABILITATION HOSPITAL

MEYERS, THOMAS		Serv	FC	Loc	Room	Status	Adm Date	Adm Time	Unit #
Account No: L00103374207		11	L	ER		REG ER	08/03/11	0005	L000194094
PATIENT					PATIENT EMPLOYER				
Soc Sec No	DOB	Age	Sex	MS	Race	Religion			
999-99-9999	12/26/64	46	M	U	W				
Address: 2661 FM 2054							PALESTINE, TX 75801		
TENNESSEE COLONY, TX 75861							Work Phone: 903-999-9999		
Home Ph: 903-928-2211							Occupation:		
Language: ENGLISH							Country: USA		
GUARANTOR					GUARANTOR EMPLOYER				
UTMB, UTMB					UNEMPLOYED				
Address: 3001 UNIVERSITY BLVD 1008					UNKNOWN				
GALVESTON, TX 77555					PALESTINE, TX 75801				
Home Ph: 800-605-8165					Work Phone: 903-999-9999				
Relationship to Patient: OTHER					Occupation:				
OTHER GUARANTOR					OTHER GUARANTOR EMPLOYER				
SS#:									
Address					Work Phone:				
Home Ph:					Occupation:				
Relationship to Patient:					NEXT OF KIN				
PERSON TO NOTIFY					COFFIELD, WARDEN				
					2661 FM 2054				
					TENNESSEE COLONY, TX 75861				
Home Phone:					Home Phone: 903-928-2211				
Relationship to Patient:					Work Phone:				
					Relationship to Patient: WC				
INSURANCE #1		Policy # 680515				AUTHORIZATION			
UTMB MANAGED CARE		Coverage # 0				Treat/Precert - 777834			
301 UNIVERSITY BLVD		Subscriber MEYERS, THOMAS				Ins Verif			
GALVESTON TX 77555-1008		Rel to Pt SELF/SAME AS PA DOB 12/26/1964				Pro Review Not Required			
Phone: 409-747-2653		Group P0696997084 -							
INSURANCE #2		Policy #				AUTHORIZATION			
		Coverage #				Treat/Precert			
		Subscriber				Ins Verif			
Phone		Rel to Pt				Pro Review			
		DOB							
		Group							
INSURANCE #3		Policy #				AUTHORIZATION			
		Coverage #				Treat/Precert			
		Subscriber				Ins Verif			
Phone		Rel to Pt				Pro Review			
		DOB							
		Group							
Attending Physician		HCIS	Admitting Physician		HCIS	Emergency Room Physician		HCIS	
Prim Care Physician		HCIS	Family Physician		HCIS	THOMAS, RONALD L		1363	
NO LOCAL PHYSICIAN						Other Physician		HCIS	
Admit Source		Priority	Arrival	Admitted By	REASON FOR VISIT:				
EMERGENCY ROOM		EM	AMB	PRADMMLA	CARDIAC ARREST				
DIAGNOSIS					OPERATION / PROCEDURE				

Printed By: PRADMMLA 08/03/11 0023

Unit Number L000194094

Account Number L00103374207



MEDICAL CENTER & REHABILITATION HOSPITAL

PRE ER Admit: 08/03/11
12/26/64 M/46 L.ER
MR# L000194094 THOMAS, RONALD L
Acct# L00103374207

Date 8/3/11 Time Event Recog 2310 Location Cofield Unit Age 46 Weight _____ Length _____
Was Hospital-Wide Resuscitation Response Activated? ☐ Yes ☒ No
Condition when Need for Chest Compression / Defibrillation was Identified? ☐ Pulse (poor perfusion) ☒ Pulseless
Witnessed: ☒ Yes ☐ No Indicate all Monitors that were Present at Onset: ☒ ECG ☐ Pulse Ox. ☒ Apnea
Patient Conscious at Onset: ☐ Yes ☒ No Did the patient with a Pulse Become Pulseless ☒ Yes ☐ No

Event Ended @ 6:10

Status: ☐ Alive ☒ Dead

☐ Return of Circulation (>20 min.)☐ Medical Futility☐ Advance Directive

☒ Efforts Terminated (No Sustained ROC)

☐ Restrictions by Family

AIRWAY / VENTILATION

At Onset: ☒ Spontaneous ☐ Apnea ☐ Agonal ☐ Assisted

Types of Ventilation: Mouth/Mouth Mouth/Mask

☐ BVM ☒ ETT ☐ Tracheotomy ☐ Other: _____

Time of First Assisted Ventilation: PTA

ETT Intubation: Time PTA Size _____

By Whom: EMS

Secondary Confirmation: ☒ Auscultation ☒ Ex. CO2

☐ Other: _____

CIRCULATION

First Documented Rhythm: Asystole

Time Chest Compressions were started: 2310 approx.

First Documented Pulseless Rhythm: Asystole

Patient Defibrillated ☒ Yes ☐ No

If Yes, Time of First Shock: PTA.

AED Applied	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
AED Shock	<input type="checkbox"/> Yes	<input type="checkbox"/> Delivered	<input type="checkbox"/> 1 st Shock
Pacemaker On	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

[illegible]

**Correctional Managed Care
Urgent / Emergent Care Record**

Patient Name: MEYERS, THOMAS **TDCJ#:** 680515 **Date:** 08/03/2011 02:29 **Facility:** COFFIELD (CO)

Most recent vitals from 8/3/2011: BP: 116 / 37 (Supine) ; Wt: ; Height: 72 In.; Pulse: 142 (Supine) ; Resp: ; Temp:

Allergies: NO KNOWN ALLERGIES

Medications

VASOTEC 10MG, 1 TABS ORAL QAM
SYNTHROID 0.1MG, 2 TABS ORAL QD
PRAVACHOL 20MG, 1 TABS ORAL QAM
RISPERDAL 2MG, 1 TABS ORAL QPM

Patient Language: ENGLISH		Name of interpreter, if required:	
MODE OF ARRIVAL:		CONDITION ON ARRIVAL:	
Date: 8/2/11	Time: 2230	Stable	
Ambulatory		Guarded	
W/C		Serious	
X Stretcher		X Critical	
Carried			
CHIEF COMPLAINT/LOCATION/ONSET:		REC'VD CALL TO BRING GURNEY TO R WING 2 ROW, ARRIVED TO FIND INMATE LYING ON BACK ON 2 ROW RUN, UNRESPONSIVE, SKIN HOT/DRY TO TOUCH, RESP EVEN & UNLABORED, EYES CLOSED, PUPILS CONSTRICTED, NON-REACTIVE, TACHYCARDIC	
SIGNIFICANT MEDICAL HISTORY:		HTN, HYPOTHYROIDISM, HYPERLIPIDEMIA, SCHIZOPHRENIA, SCHIZOAFFECTIVE DISORDER, ASPERGER'S SYNDROME	

Quantitative Pain Scale: Place an "X" below											
0	1	2	3	4	5	6	7	8	9	10	
Qualitative Description of Pain											
Location:						Onset:					
Duration:											
Aggravating Factors:											
Alleviating Factors:											
Pain Character:		Dull	Sharp	Throbbing	Other:						
Frequency:		Constant	Intermittent	Other:							
Radiating:		No	Yes	Location:							

**Correctional Managed Care
Urgent / Emergent Care Record**

Patient Name: MEYERS, THOMAS **TDCJ#:** 680515 **Date:** 08/03/2011 02:29 **Facility:** COFFIELD (CO)

GLASGOW COMA SCALE		
Eye Opening	Best Verbal Response	Best Motor Response
Spontaneous = 4	Oriented = 5	Obeys Command = 6
To voice = 3	Confused = 4	Localizes pain = 5
To pain = 2	Inappropriate words = 3	Withdraws to pain = 4
None = 1	Incomprehensible sounds = 2	Flexion to pain = 3
	None = 1	Extension to pain = 2
		None = 1

Time	Initials	Eye Opening	Motor Response	Verbal Response	Total Score
2225	RG	1	1	1	3
2250	RG	1	1	1	3
2310	RG	1	1	1	3

NURSING ASSESSMENT	CARDIAC	N/A	PULMONARY	N/A	GI	X	N/A	SKIN	N/A	NEURO	N/A
	Apical Pulse		Respirations		Denies Problems			Cold		Alert	
	Regular		X Normal		Nausea			Warm		Oriented X:	
	X Irregular		Shallow		Vomiting		X Hot			Confused	
	JVD		Labored		Diarrhea		X Dry			Lethargic	
	Peripheral Pulses		Nasal Flaring		Rectal Bleeding		Moist		X Unresponsive		
	Upper		Grunting		Constipation		Diaphoretic		Arm Strength		
	X R L		Retractions		Incontinent		Normal		R L	Normal	
	Lower		Hyperventilating		Date		Pale		R L	Weak	
	R L X		Use of accessory muscles		Last BM:		Mottled		X R L X	Flaccid	
	Bleeding				Abdomen		Cyanotic		Leg Strength		
	X None		Lungs		Soft		Jaundiced		R L	Normal	
	Controlled		R L Clear		Firm		Flushed		R L	Weak	
	Excessive		R L Crackles		Distended		Intact		x R L x	Flaccid	
	Location:		R L Wheezes		Obese		Ortho X N/A		Pupils		
	Est. Blood Loss		R L Diminish		Tender		Deformity		Equal		
	cc:		R L Absent		Location:		Swelling		Unequal		
	Capillary Refill		GU X N/A		Rebound		Location		R L	Reactive	
	Normal		Burning		Bowel Sounds		ROM		x R L x	Nonreactive	
	X Delayed		Frequency		Normoactive		Full		R L	Dilated	
Edema		Urine Odor		Hyperactive		Limited		x R L x	Constricted		
Upper		Hematuria		Hypoactive		Absent		R L	Fixed		
X 0 1+ 2+ 3+		Incontinent		Absent							
R L		Anuric		NG/G tube				Name		Time	
Lower		Vag. Discharge		Initial Assessment							
X 0 1+ 2+ 3+		Vag. Bleeding		Completed By:				R GILMARTIN RN		2240	
R L		Catheter									

**Correctional Managed Care
Urgent / Emergent Care Record**

Patient Name: MEYERS, THOMAS **TDCJ#:** 680515 **Date:** 08/03/2011 02:29 **Facility:** COFFIELD (CO)

Contact Provider			
Name of Provider Notified:	DR WRIGHT ARRIVED TO UNIT FOR APPTS		Time: 2235
Provider Orders:			
Time	Nursing Notes		Initials
Orders obtained and read back/verified by: (Name)			
2230	UNRESPONSIVE, EYES CLOSED, PUPILS CONSTRICTED, NON-REACTIVE, SKIN DRY, HOT TO TOUCH, NON-RESPONSIVE TO STERNAL RUB, WET TOWELS APPLIES, BS READING 161, TACHY, HYPOTENSION, PLACED IN TRENDELENBERG POSITION, UNABLE TO START IV X 2 TRIES		RG
2233	ADVISED BECKNAL LVN - CALL 911		RG
2236	DR WRIGHT ARRIVED, @ PT'S BEDSIDE, O2 STARTED @ 5L/NRB BY K BECKNAL AS ORDERED BY DR, L2 SAT 79%, TEMP 104.6 A, CLOTHES REMOVED, ICE PACKS APPLIED		RG
2245	K BECKNAL LVN INCREASED O2 TO 10L/NRB AS ORDERED BY DR WRIGHT, O2 SAT 90%		RG
2300	EMS ARRIVED, UNABLE TO GET O2 SAT READING, INFORMED CALLING FOR LIFEFLIGHT, EMS APPLIED AMBU BAG		RG
2310	EXITED CLINIC EN ROUTE TO AMB		RG
			Procedures Ordered: PATIENT EMERGENCY: emergenc y services

Details of abnormal findings and ongoing assessment and care.

VITAL SIGNS								
Time	Temp	BP	Pulse	Resp	PaO2	FS/BS	FHT	Initials
2230	105.6	95/68	136	24	79%	161		RG
		140/44	141	20				
		116/37	142					
		114/73	140					
2243		113/47	133					
2245					90% 10L/NRB			KB

**Correctional Managed Care
Urgent / Emergent Care Record**

Patient Name: MEYERS THOMAS **TDCJ#:** 680515 **Date:** 08/03/2011 02:29 **Facility:** COFFIELD (CO)

PEAK FLOW

Time	Peak Flow #1	Peak Flow #2	Peak Flow #3	Peak Flow Personal Best

* Continue hourly peak flow measurements for patients with respiratory distress for the duration of the clinic visit.

MEDICATIONS

Time	Medication	Dose	Route	Site	Initials	Outcome Eval	Time	Initials

I. V. THERAPY

I. V. THERAPY							Intake	Output
Site #	Location	Gauge	IVF	Rate	Time	Initials	PO	Urine
							IV	Emesis
							NG	NG
							Other:	Other:

❖ Do not release a patient from the clinic without a provider's order if the patient's PaO2 is less than 90% or peak flow is less than 80% of personal best. Normal adult peak flow without existing disease is 300-500.

DISPOSITION OF PATIENT:

CONDITION ON DISCHARGE

Cell	Date: 8/2/11	Time: 2310
TDCJ Infirmary – Facility:	Improved	
X Local ER	Stable	
Hospital Galveston	X Unstable	
Other:	Deceased	

MODE OF TRANSFER:

UTILIZATION REVIEW NOTIFIED:

Van	Date: 8/3/11	Time:
Local EMS	N/A	
X 911 Transfer	Yes	
UTMB EMS	No	
Other:		

PRE-CERTIFICATION #:

PECC Contact Name (UTMB ONLY):	UR CONTACT:
Time Contacted:	

<SIGNATURE AND INITIALS OF ALL NURSING STAFF ADMINISTERING TREATMENT>

Electronically Signed by GILMARTIN, REXIE L. R.N. on 08/03/2011.
##And No Others##

SARAH A. PIERSON, RN, FNP

PATIENT: MEYERS, THOMAS
PO BOX 999
TENNESSEE COLONY, TX 75884
MRN: 680515
User: PIERSON, SARAH A. RN, FNP

SYNTHROID 0.1MG TABS
Sig: 2 x TABS ORAL DAILY
Order Date: 08/02/2011 17:30
Start Date: 08/02/2011 17:30
Auto Stop Date: 09/01/2011 17:30

Disp. #: 60 TABS
Refills: 5 Before: 09/01/2011 17:30

Allow Generic - No product selection indicated
Rx Written On: 08/02/2011

Prescription Electronically Signed
by SARAH A. PIERSON, RN, FNP

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ -
 Regional Medical Facility Lab
 Huntsville, TX 77340 - Telephone Number (936) 291-4200 Ext: 3804

Patient Name : MEYERS, THOMAS,
 Patient Id : 680515
 Patient Phone :
 Date of Birth : 12/26/1964
 SS# : 000-00-3714 Sex : Male

Ordering
 Physician : PIERSON, SARAH
 Facility : COFFIELD (CO)
 5 MI SW OF TC FM 2054
 TENN. COLONY TX 75884

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0001121001104 Requisition: C32841874007
 Drawn: 07/28/11 12:30 Received: 07/29/11 11:43 Reported: 07/29/11 14:21

Procedure: E ADIFF				
GRANULOCYTE PERCENT	66.3		%	45.0-78.0
LYMPH PERCENT	20.9		%	20.0-51.0
MONOCYTE PERCENT	11.3		%	4.0-12.0
EOSINOPHIL PERCENT	1.1		%	0.0-6.0
BASOPHIL PERCENT	0.4		%	0.0-2.0
GRANULOCYTES ABSOLUTE	5.3		/CMM	2.1-7.4
LYMPHOCYTE ABSOLUTE	1.7		/CMM	1.3-4.4
MONOCYTE ABSOLUTE	0.9		/CMM	0.2-0.9
EOSINOPHILS ABSOLUTE	0.1		/CMM	0.0-0.4
BASOPHILS ABSOLUTE	0.0		/CMM	0.0-0.2

L Low, H High, C Critical, * Abnormal Alpha

Print Date: 07/29/2011 14:38

Page: 1/1

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##And No Others##

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 Huntsville, TX 77340 - Telephone Number (936) 291-4200 Ext: 3804

Patient Name : MEYERS, THOMAS,
 Patient Id : 680515
 Patient Phone :
 Date of Birth : 12/26/1964
 SS# : 000-00-3714 Sex : Male

Ordering
 Physician : PIERSON, SARAH
 Facility : COFFIELD (CO)
 5 MI SW OF TC FM 2054
 TENN. COLONY TX 75884

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0001121001104 Requisition: C32841874007
 Drawn: 07/28/11 12:30 Received: 07/29/11 11:43 Reported: 07/29/11 14:21

Procedure: E HEME P				
WHITE BLOOD CELL COUNT	8.0		/CMM	4.5-10.5
RED BLOOD CELL COUNT	4.76		/CMM	4.25-5.65
HEMOGLOBIN	14.9		G/DL	13.5-17.0
HEMATOCRIT	41.4		%	37.0-50.0
MEAN CORPUSCULAR VOLUME	87.0		FL	82.0-97.0
MEAN CORPUSCULAR HGB	31.3		PG	27.0-33.0
MEAN CORP HGB CONCENTRATION	36.0		%	31.0-36.2
RED CELL DISTRIBUTION WIDTH	12.8		%	11.8-14.1
PLATELET COUNT	278		/CMM	150-400
MEAN PLATELET VOLUME	10.9		FL	7.8-11.2

L Low, H High, C Critical, * Abnormal Alpha

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Page: 1/1

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##And No Others##

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ -

Regional Medical Facility Lab

Huntsville, TX 77340 - Telephone Number (936) 291-4200 Ext: 3804

Patient Name : MEYERS, THOMAS,
 Patient Id : 680515
 Patient Phone :
 Date of Birth : 12/26/1964
 SS# : 000-00-3714 Sex : Male

Ordering
 Physician : PIERSON, SARAH
 Facility : COFFIELD (CO)
 5 MI SW OF TC FM 2054
 TENN. COLONY TX 75884

Test Name	Result	ABN Unit Flag	Reference Range
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Accession: 0001121001334 Requisition: C32841874005
 Drawn: 07/29/11 07:35 Received: 07/29/11 12:33 Reported: 07/29/11 13:02

Procedure: E UA CHEM

COLOR	YELLOW		
APPEARANCE	CLOUDY	*	
URINE SPECIFIC GRAVITY	1.020		
URINE PH	6.0		5.5-7.0
URINE PROTEIN	NEGATIVE		NEGATIVE
URINE GLUCOSE, QUALITATIVE	NEGATIVE		NEGATIVE
URINE KETONES	TRACE	*	NEGATIVE
URINE BILIRUBIN	NEGATIVE		NEGATIVE
URINE BLOOD	NEGATIVE		NEGATIVE
URINE NITRITE	NEGATIVE		NEGATIVE
URINE UROBILINOGEN	4.0EU/DL	*	<=1.0
REFERENCE UNITS FOR URINE UROBILINOGEN = EU/DL			
URINE LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE

L Low, H High, C Critical, * Abnormal Alpha

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Page: 1/1

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##And No Others##

Lab data imported from UTMB - Galveston; Performed by UTMB Laboratories
Galveston, Tx 77555-0743 Telephone Number 800-LAB-2266

Patient Name : MEYERS, THOMAS,
Patient Id : 680515
Patient Phone :
Date of Birth : 12/26/1964
SS# : 000-00-3714 Sex : Male

Ordering
Physician : PIERSON, SARAH
Facility : COFFIELD (CO)
5 MI SW OF TC FM 2054
TENN. COLONY TX 75884

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0001121003065 Requisition: C32841874003
Drawn: 07/28/11 07:35 Received: 07/29/11 21:41 Reported: 07/29/11 23:53

Procedure: TSH
THYROID STIMULATING HORMONE 23.80 H uIU/mL 0.45-4.70
A VARIETY OF PHARMACOLOGICAL INTERFERENCES INFLUENCE SERUM TSH.

L Low, H High, C Critical, * Abnormal Alpha

Print Date: 07/30/2011 00:08

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##And No Others##

COFFIELD (CO)
MEDICAL

LABORATORY DIRECTOR

MRN : 680515 Accession:32976789 Age :46 Years
Patient Name: MEYERS, THOMAS Sex :Male
Home Phone : Work : () -
Admitting MD: TIMOTHY J MCGLASSON D.NP,PMHNP Phone:
Attending MD: TIMOTHY J MCGLASSON D.NP,PMHNP Phone:
Referring MD: Phone:
Ordering MD : Phone:

Tech : SYLVIA FLORI CCA Verifier:SYLVIA FLORI CCA
Collection Time: 07/28/2011 11:24
Result Time : 07/28/2011 11:24
Report Time : 07/28/2011 11:24
Comment:

Test	Result	Abn	Normal Range	Units
SG	1.005	L	1.010 - 1.025	
PH	5	L	5.5 - 7.0	
LEUKOCYTES	neg		NEG	
NITRITES	neg		NEG	
PROTEIN	neg		NEG	mg/dL
GLUCOSE	neg		NEG	mg/dL
KETONE	neg		NEG	mg/dL
UROBILI	2	H	0.2 - 1.0	mg/dL
BILIRUBIN	neg		NEG	
BLOOD	neg		NEG	

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Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ -
 Regional Medical Facility Lab
 Huntsville, TX 77340 - Telephone Number (936) 291-4200 Ext: 3804

Patient Name : MEYERS, THOMAS,
 Patient Id : 680515
 Patient Phone :
 Date of Birth : 12/26/1964
 SS# : 000-00-3714 Sex : Male

Ordering
 Physician : PIERSON, SARAH
 Facility : COFFIELD (CO)
 5 MI SW OF TC FM 2054
 TENN. COLONY TX 75884

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0001121001104 Requisition: C32841874013
 Drawn: 07/28/11 12:30 Received: 07/29/11 11:43 Reported: 07/29/11 15:22

Procedure: E LIPIDS

CHOLESTEROL	194		MG/DL	120-200
TRIGLYCERIDE	155		MG/DL	30-170
HIGH DENSITY LIPOPROTEIN	28	L	MG/DL	30-70
LOW DENSITY LIPOPROTEIN CHOL	135		MG/DL	<160
HDL CHOLESTEROL RATIO	6.9	H		<5.0
VLDL	31		MG/DL	5-60

L Low, H High, C Critical, * Abnormal Alpha

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##And No Others##

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Huntsville, TX 77340 - Telephone Number (936) 291-4200 Ext: 3804

Patient Name : MEYERS, THOMAS,
Patient Id : 680515
Patient Phone :
Date of Birth : 12/26/1964
SS# : 000-00-3714 Sex : Male

Ordering
Physician : PIERSON, SARAH
Facility : COFFIELD (CO)
5 MI SW OF TC FM 2054
TENN. COLONY TX 75884

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0001121001104 Requisition: C32841874009
Drawn: 07/28/11 12:30 Received: 07/29/11 11:43 Reported: 07/29/11 15:22

Procedure: E CMP

SODIUM SERUM	133	L	MMOL/L	135-145
POTASSIUM SERUM	3.1	L	MMOL/L	3.5-5.0
CHLORIDE SERUM	87	L	MMOL/L	98-108
CARBON DIOXIDE	33	H	MMOL/L	23-31
ANION GAP	13			2-16
BLOOD UREA NITROGEN	14		MG/DL	7-23
GLUCOSE	100		MG/DL	70-110
CREATININE	0.91		MG/DL	0.60-1.25
TOTAL BILIRUBIN	1.0		MG/DL	0.1-1.1
CALCIUM	8.8		MG/DL	8.6-10.6
TOTAL PROTEIN	8.0		G/DL	6.0-8.0
ALBUMIN	4.8		G/DL	3.5-5.0
ALKALINE PHOSPHATASE	173	H	U/L	34-122
ALANINE AMINOTRANSFERASE	50		U/L	9-51
ASPARTATE AMINOTRANSFERASE	64	H	U/L	13-40

L Low, H High, C Critical, * Abnormal Alpha

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Page: 1/1

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CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES

TARPP ITP

Patient Name: MEYERS, THOMAS TDCJ#:680515 Date: 07/25/2011 12:06
Facility: COFFIELD (CO) Date of Birth: 12/26/1964 Age: 46 year Race: W Sex: male

TARGET PROBLEMS

Difficulty expressing needs
Difficulty expressing feelings
Difficulty interacting with others
Tendency to isolate self

TREATMENT OBJECTIVES

Learn to say exactly what you would like the person to do/know
Learn appropriate ways to express yourself
Learn feeling expressions
Learn how to initiate a conversation
Learn how to ask questions
Learn to make positive requests of others

☒ Continue monthly monitoring
☐ Refer to Psychiatrist
☐ Refer to QMHP
☐ Other:

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##And No Others##

CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES

TARPP ITP

Patient Name: MEYERS, THOMAS **TDCJ#:** 680515 **Date:** 07/25/2011 12:06
Facility: COFFIELD (CO) **Date of Birth:** 12/26/1964 **Age:** 46 year **Race:** W **Sex:** male

Patient Language: ENGLISH **Name of interpreter, if required:**

Most recent vitals from 6/28/2011: BP: 133 / 81 (Standing) ; Wt: 258 Lbs.; Height: 72 In.; Pulse: 100 (Standing) ; Resp: 20 / min;
 Temp: 96.3 (Oral)

Allergies: NO KNOWN ALLERGIES
Active Problems: *

Cars:

Mental Health Cars 3 First Observed 1/18/2006 03:28PM
Dental Cars 2 First Observed 3/28/2006 10:05AM
Medical Cars 2 First Observed 7/14/2011 02:38PM

Chronic Care:

Hypothyroidism First Observed 1/9/2006 11:22AM
Hypertension (htn) First Observed 4/7/2011 03:59PM
Hyperlipidemia First Observed 6/10/2011 02:49PM

Cid:

Varicella, Immunity First Observed 12/11/2009 04:23PM

Mental Health:

Schizoaffective Disorder First Observed 6/7/2006 01:00PM (Rule Out)
Mental Health Suicide Risk Assessment First Observed 3/7/2008 05:55PM
Schizophrenia, Paranoid Type First Observed 4/30/2008 10:43AM
Mental Health Counseling Problems & Trmt Objectives First Observed 3/30/2010 02:05PM
Schizophrenia, Paranoid Type First Observed 9/23/2010 04:24PM

Not Specified:

Pre-seg/pre-crisis Management First Observed 3/9/2010 10:20AM
Hypothyroidism First Observed 12/3/2010 03:31PM

*

Current Medications:

VASOTEC 10MG, 1 TABS ORAL QAM
 SYNTHROID 0.15MG, 1 TABS ORAL QD
 PRAVACHOL 20MG, 1 TABS ORAL QAM
 RISPERDAL 2MG, 1 TABS ORAL DAILY

Seen this date at (time): N/A

PROGRAM	
X	Outpatient
	ASICP
	Step-down

CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES

TARPP ITP

Patient Name: MEYERS, THOMAS TDCJ#:680515 Date: 07/25/2011 12:06
Facility: COFFIELD (CO) Date of Birth: 12/26/1964 Age: 46 year Race: W Sex: male

SUBJECTIVE: Review and update of current ITP completed without patient present. He will be seen through TARPP as scheduled per ITP.

Medication Compliance:

Symptoms of Illness:

Health Concerns:

Disciplinary Problems:

Work/School Issues:

Family Contact:

Other:

BEHAVIORAL OBSERVATION (*can use decision tree OR complete yourself*)

DSM IV DIAGNOSIS

Axis I	295.3 Schizophrenia, paranoid type
Axis II	No Axis II
Axis III	See Medical Records
Axis IV	Incarceration Stressors
Axis V	85

Is CARS Current? Yes

PLAN: Monitor through TARPP or prn.

Patient Strengths:	Cooperative
Long-term Goal(s):	Increase coping, social and daily living skills.
Treatment/intervention:	TARPP

TARGET PROBLEMS AND TREATMENT OBJECTIVES

****USE MENTAL HEALTH CASEMANAGEMENT PROBLEMS AND TREATMENT OBJECTIVES (MHCPTO) DECISION TREE TO SELECT TARGET PROBLEMS AND TREATMENT OBJECTIVES****

MENTAL HEALTH CASE MGMT PROBLEMS AND TRM
SOCIAL SKILLS TRAINING

CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES

TARPP ITP

Patient Name: MEYERS, THOMAS **TDCJ#:** 680515 **Date:** 07/25/2011 12:06
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Dental Cars 2 First Observed 3/28/2006 10:05AM

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Not Specified:

Pre-seg/pre-crisis Management First Observed 3/9/2010 10:20AM

Hypothyroidism First Observed 12/3/2010 03:31PM

*

Current Medications:

VASOTEC 10MG, 1 TABS ORAL QAM

SYNTHROID 0.15MG, 1 TABS ORAL QD

PRAVACHOL 20MG, 1 TABS ORAL QAM

RISPERDAL 2MG, 1 TABS ORAL DAILY

Seen this date at (time): N/A

PROGRAM	
X	Outpatient
	ASICP
	Step-down

CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES

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Other:

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Axis V	85

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MENTAL HEALTH CASE MGMT PROBLEMS AND TRM
SOCIAL SKILLS TRAINING

CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES

TARPP ITP

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Difficulty expressing feelings
Difficulty interacting with others
Tendency to isolate self

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Learn appropriate ways to express yourself
Learn feeling expressions
Learn how to initiate a conversation
Learn how to ask questions
Learn to make positive requests of others

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☐ Refer to Psychiatrist
☐ Refer to QMHP
☐ Other:

Electronically Signed by FOSTER, BEVERLY A. BS, MHCM on 07/25/2011.
##And No Others##

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Scanned by MCKNIGHT, TINA J. CCA in facility SKYVIEW (SV) on 07/18/2011 08:04

TMC7197 /SVBB/HS09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION

06:34:22
07/18/2011

NAME: MEYERS, THOMAS

DOB: 12/26/1964

P U L H E S

TDCJ#: 00680515 SID#: 04024546

WGT: 206 LBS

UNIT: SV

HOUSING: X-1-11T

HGT: 5'11"

|3|1|1|1|2|3|

JOB: KITCHEN HELPER SAFETY

|E|A|A|A|B|N|

|P| | | |P|T|

I. FACILITY ASSIGNMENT (CHECK ONE)

- X A. NO RESTRICTION
___ B. BARRIER-FREE FACILITY
___ C. SINGLE LEVEL FACILITY
___ D. SUITABLE FOR TRUSTEE CAMP? X YES ___ NO

II. HOUSING ASSIGNMENT

- A. BASIC HOUSING (CHECK ONE)
X 1. NO RESTRICTION
___ 2. SINGLE CELL ONLY
___ 3. SPECIAL HOUSING (HOUSING WITH
LIKE MEDICAL CONDITION
___ 4. CELL BLOCK ONLY
C. ROW ASSIGNMENT (CHECK ONE)
X 1. NO RESTRICTION
___ 2. GROUND FLOOR ONLY
B. BUNK ASSIGNMENT (CHECK ONE)
X 1. NO RESTRICTION
___ 2. LOWER ONLY
D. WHEELCHAIR USE (CHECK ONE)
___ 1. NO RESTRICTION
___ 2. PHOP ORDERED
___ 3. UTILITY USE

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ___ 1. MEDICALLY UNASSIGNED
___ 2. PSYCHIATRICAL UNASSIGNED
___ 3. SEDENTARY WORK ONLY
___ 4. FOUR HOUR WORK RESTRICTION
___ 6. EXCUSE FROM SCHOOL
___ 7. LIMITED STANDING
___ 8. NO WALKING > ___ YARDS
___ 9. NO LIFTING > ___ LBS.
___ 10. NO BENDING AT WAIST
___ 11. NO REPETITIVE SQUATTING
___ 12. NO CLIMBING
___ 13. LIMITED SITTING
___ 14. NO REACHING OVER SHOULDER
___ 15. NO FOOD SERVICE
___ 16. NO REPETITIVE USE OF HANDS
___ 17. NO WALK WET/UNEVEN SURFACES
___ 18. DO NOT ASSIGN TO MEDICAL
00 19. NO WORK IN DIRECT SUNLIGHT
00 20. NO TEMPERATURE EXTREMES
00 21. NO HUMIDITY EXTREMES
___ 22. NO EXPOSURE TO ENVIRONMENT POLLUTANTS
___ 23. NO WORK WITH CHEMICALS OR IRRITANTS
___ 24. NO WORK REQUIRING SAFETY BOOTS
___ 25. NO WORK AROUND MACHINE WITH MOVING PART
___ 26. NO WORK EXPOSURE TO LOUD NOISES

IV. DISCIPLINARY PROCESS (CHECK ONE)

- ___ A. NO RESTRICTIONS
00 B. CONSULT REP OF MENTAL HEALTH DEPT BEFORE TAKING DISCIPLINARY ACTION
___ C. CONSULT REP OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ___ A. NO RESTRICTION
___ B. MEDICAL REPRESENTATIVE REQUIRED
00 C. MENTAL HEALTH REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- X A. NO RESTRICTION
___ B. EMS AMBULANCE
___ C. WHEELCHAIR VAN
___ D. MULTI-PATIENT VEHICLE (MPV)

WM HARDY, PA-C NURSE PRAC 07/15/2011
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

Date: 07/27/2011 13:01
From: BEVERLY FOSTER
To: TIMOTHY MCGLASSON J(E);
Subject: Meyers, Thomas #680515
Re: THOMAS MEYERS

Mr. McGlasson - this patient is currently prescribed Risperdal 2mg 1 tab q daily. He is requesting medication be changed to p.m. due to his work schedule. Please review for possible change.

Thanks,
Beverly Foster, MHCM
Coffield

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

Psychiatric Chart Review

Patient Name: MEYERS, THOMAS

TDCJ#:680515

Date: 07/27/2011 13:39

Facility: COFFIELD (CO)

Age:46 Race: W Sex: male

Most recent vitals from 6/28/2011: BP: 133 / 81 (Standing) ; Wt: 258 Lbs.; Height: 72 In.; Pulse: 100 (Standing) ; Resp: 20 / min;
Temp: 96.3 (Oral)

Allergies: NO KNOWN ALLERGIES

Current Medications:

VASOTEC 10MG, 1 TABS ORAL QAM

SYNTHROID 0.15MG, 1 TABS ORAL QD

PRAVACHOL 20MG, 1 TABS ORAL QAM

RISPERDAL 2MG, 1 TABS ORAL DAILY

ACTIVE PROBLEMS:

Cars:

Mental Health Cars 3 First Observed 1/18/2006 03:28PM

Dental Cars 2 First Observed 3/28/2006 10:05AM

Medical Cars 2 First Observed 7/14/2011 02:38PM

Chronic Care:

Hypothyroidism First Observed 1/9/2006 11:22AM

Hypertension (htn) First Observed 4/7/2011 03:59PM

Hyperlipidemia First Observed 6/10/2011 02:49PM

Cid:

Varicella, Immunity First Observed 12/11/2009 04:23PM

Mental Health:

Schizoaffective Disorder First Observed 6/7/2006 01:00PM (Rule Out)

Mental Health Suicide Risk Assessment First Observed 3/7/2008 05:55PM

Schizophrenia, Paranoid Type First Observed 4/30/2008 10:43AM

Mental Health Counseling Problems & Trmt Objectives First Observed 3/30/2010 02:05PM

Schizophrenia, Paranoid Type First Observed 9/23/2010 04:24PM

Not Specified:

Pre-seg/pre-crisis Management First Observed 3/9/2010 10:20AM

Hypothyroidism First Observed 12/3/2010 03:31PM

Patient requesting PM dosing of Risperdal due to work schedule

Stopped Meds:

RISPERIDONE 2MG TABLET

13668003860

06/28/2011 15:10

1 TABS ORAL DAILY

STOP DATE:

REFILLS: 11

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

Psychiatric Chart Review

Patient Name: MEYERS, THOMAS

TDCJ#:680515

Date: 07/27/2011 13:39

Facility: COFFIELD (CO)

Started Meds:

RISPERIDONE 2MG TABLET

13668003860

07/27/2011 13:40

1 TABS ORAL QPM

STOP DATE:

REFILLS: 11

Electronically Signed by MCGLASSON, TIMOTHY J. D.NP,PMHNP on 07/27/2011.

Electronically Signed by FLOWERS, BETTE L. CCA on 07/27/2011.

##And No Others##

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

TARPP REVIEW

Patient Name: MEYERS, THOMAS TDCJ#:680515
Age:46 Race: W Sex: male

DATE: 07/27/2011 12:49 FACILITY: COFFIELD (CO)

Patient Language: ENGLISH **Name of interpreter, if required:**

Most recent vitals from 6/28/2011: BP: 133 / 81 (Standing) ; Wt: 258 Lbs.; Height: 72 In.; Pulse: 100 (Standing) ; Resp: 20 / min
Temp: 96.3 (Oral)

Allergies: NO KNOWN ALLERGIES

Active Problems: *

Cars:

Mental Health Cars 3 First Observed 1/18/2006 03:28PM

Dental Cars 2 First Observed 3/28/2006 10:05AM

Medical Cars 2 First Observed 7/14/2011 02:38PM

Chronic Care:

Hypothyroidism First Observed 1/9/2006 11:22AM

Hypertension (htn) First Observed 4/7/2011 03:59PM

Hyperlipidemia First Observed 6/10/2011 02:49PM

Cid:

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Mental Health:

Schizoaffective Disorder First Observed 6/7/2006 01:00PM (Rule Out)

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Schizophrenia, Paranoid Type First Observed 4/30/2008 10:43AM

Mental Health Counseling Problems & Trmt Objectives First Observed 3/30/2010 02:05PM

Schizophrenia, Paranoid Type First Observed 9/23/2010 04:24PM

Not Specified:

Pre-seg/pre-crisis Management First Observed 3/9/2010 10:20AM

Hypothyroidism First Observed 12/3/2010 03:31PM

*

Current Medications:

VASOTEC 10MG, 1 TABS ORAL QAM

SYNTHROID 0.15MG, 1 TABS ORAL QD

PRAVACHOL 20MG, 1 TABS ORAL QAM

RISPERDAL 2MG, 1 TABS ORAL DAILY

Seen this date at (time): 1000

S: Offender seen to monitor for casemanagement. S/He is currently enrolled in the Treatment and Relapse Prevention Program.

Medication Compliance: Risperdal-23/28

Symptoms of Illness: Patient reports no new symptoms at this time.

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

TARPP REVIEW

Patient Name: MEYERS, THOMAS TDCJ#:680515
Age:46 Race: W Sex: male

DATE: 07/27/2011 12:49 FACILITY: COFFIELD (CO)

Health Concerns: See list above.

Disciplinary Problems: None this review period.

Work/School Issues: Counter attendant.

Family Contact: Patient reports no recent contact.

Other: Patient recently returned from Skyview and was seen for TARPP review. He states he is doing well and feels good. Patient states his medication works well and reports no new psychiatric problems.

Patient is asking to have his medication changed to p.m. due to his work schedule. He was advised his request would be forwarded to the provider.

Discussed today was the reason for and importance of attending his scheduled appointments. Patient was advised he is monitored for any possible decompensation and to follow his medication compliance. He was also advised that these appointments give him the opportunity to address issues such as medication problems or breakthrough symptoms. Also discussed was how we cover topics that help him deal with prison life and/or prepare him for free-world living.

Patient states his appetite and sleep are good. He denies any conflict with other offenders or security and had no mental health complaints or concerns at this time. Patient was attentive and alert. His speech was clear and goal-directed with no decompensation noted at this time.

O: Behavioral Observations (*Insert Behavioral Observations Decision Tree*)

MENTAL HEALTH BEHAVIORAL OBSERVATIONS

PERSONAL APPEARANCE

NEATLY DRESSED

PERSONAL HYGIENE

CLEAN, HAIR COMBED, TEETH BRUSHED

CELL/ROOM APPEARANCE

NOT ASSESSED

MOTOR ACTIVITY

CALM, RELAXED

ATTENTION

LISTENS, MAKES EYE CONTACT

SPEECH

VOLUME

NORMAL

RATE

NORMAL FLOW, CONVERSATIONAL

APPROPRIATENESS

ANSWERS QUESTIONS APPROPRIATELY

EMOTIONAL EXPRESSION

NORMAL, EXPRESSES SELF APPROPRIATELY

PATIENT SELF-REPORT

NO COMPLAINTS

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

TARPP REVIEW

Patient Name: MEYERS, THOMAS TDCJ#:680515
Age:46 Race: W Sex: male

DATE: 07/27/2011 12:49 FACILITY: COFFIELD (CO)

VOICED NO SUICIDAL/HOMICIDAL IDEATION

A: Diagnosis of Record:
Axis I: 295.3 Schizophrenia, paranoid type
Axis II: No Axis II

P: ☒ Continue monthly monitoring
☐ Refer to Psychiatrist
☐ Refer to QMHP
☐ Other:

Procedures Ordered:
MH OP TARPP: schizophrenia, paranoid type

Electronically Signed by FOSTER, BEVERLY A. BS, MHCM on 07/27/2011.
##And No Others##

TIMOTHY J. MCGLASSON, D.NP, PMHNP

PATIENT: MEYERS, THOMAS
PO BOX 999
TENNESSEE COLONY, TX 75884
MRN: 680515
User: MCGLASSON, TIMOTHY J. D.NP, PMHNP

RISPERDAL 2MG TABS
Sig: 1 x TABS ORAL EVERY EVENING
Order Date: 07/27/2011 13:40
Start Date: 07/27/2011 13:40
Auto Stop Date: 08/26/2011 13:40

Disp. #: 30 TABS
Refills: 11 Before: 08/26/2011 13:40

Allow Generic - No product selection indicated
Rx Written On: 07/27/2011

Prescription Electronically Signed
by TIMOTHY J. MCGLASSON, D.NP, PMHNP

CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES

TARPP ITP

Patient Name: MEYERS, THOMAS **TDCJ#:** 680515 **Date:** 07/25/2011 12:06
Facility: COFFIELD (CO) **Date of Birth:** 12/26/1964 **Age:** 46 year **Race:** W **Sex:** male

Patient Language: ENGLISH **Name of interpreter, if required:**

Most recent vitals from 6/28/2011: BP: 133 / 81 (Standing) ; Wt: 258 Lbs.; Height: 72 In.; Pulse: 100 (Standing) ; Resp: 20 / min; Temp: 96.3 (Oral)

Allergies: NO KNOWN ALLERGIES
Active Problems: *

Cars:

Mental Health Cars 3 First Observed 1/18/2006 03:28PM
Dental Cars 2 First Observed 3/28/2006 10:05AM
Medical Cars 2 First Observed 7/14/2011 02:38PM

Chronic Care:

Hypothyroidism First Observed 1/9/2006 11:22AM
Hypertension (htn) First Observed 4/7/2011 03:59PM
Hyperlipidemia First Observed 6/10/2011 02:49PM

Cid:

Varicella, Immunity First Observed 12/11/2009 04:23PM

Mental Health:

Schizoaffective Disorder First Observed 6/7/2006 01:00PM (Rule Out)
Mental Health Suicide Risk Assessment First Observed 3/7/2008 05:55PM
Schizophrenia, Paranoid Type First Observed 4/30/2008 10:43AM
Mental Health Counseling Problems & Trmt Objectives First Observed 3/30/2010 02:05PM
Schizophrenia, Paranoid Type First Observed 9/23/2010 04:24PM

Not Specified:

Pre-seg/pre-crisis Management First Observed 3/9/2010 10:20AM
Hypothyroidism First Observed 12/3/2010 03:31PM

*

Current Medications:

VASOTEC 10MG, 1 TABS ORAL QAM
 SYNTHROID 0.15MG, 1 TABS ORAL QD
 PRAVACHOL 20MG, 1 TABS ORAL QAM
 RISPERDAL 2MG, 1 TABS ORAL DAILY

Seen this date at (time): N/A

PROGRAM	
X	Outpatient
	ASICP
	Step-down

CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES

TARPP ITP

Patient Name: MEYERS, THOMAS **TDCJ#:** 680515 **Date:** 07/25/2011 12:06
Facility: COFFIELD (CO) **Date of Birth:** 12/26/1964 **Age:** 46 year **Race:** W **Sex:** male

SUBJECTIVE: Review and update of current ITP completed without patient present. He will be seen through TARPP as scheduled per ITP.

Medication Compliance:

Symptoms of Illness:

Health Concerns:

Disciplinary Problems:

Work/School Issues:

Family Contact:

Other:

BEHAVIORAL OBSERVATION (*can use decision tree OR complete yourself*)

DSM IV DIAGNOSIS

Axis I	295.3 Schizophrenia, paranoid type
Axis II	No Axis II
Axis III	See Medical Records
Axis IV	Incarceration Stressors
Axis V	85

Is CARS Current? Yes

PLAN: Monitor through TARPP or prn.

Patient Strengths:	Cooperative
Long-term Goal(s):	Increase coping, social and daily living skills.
Treatment/intervention:	TARPP

TARGET PROBLEMS AND TREATMENT OBJECTIVES

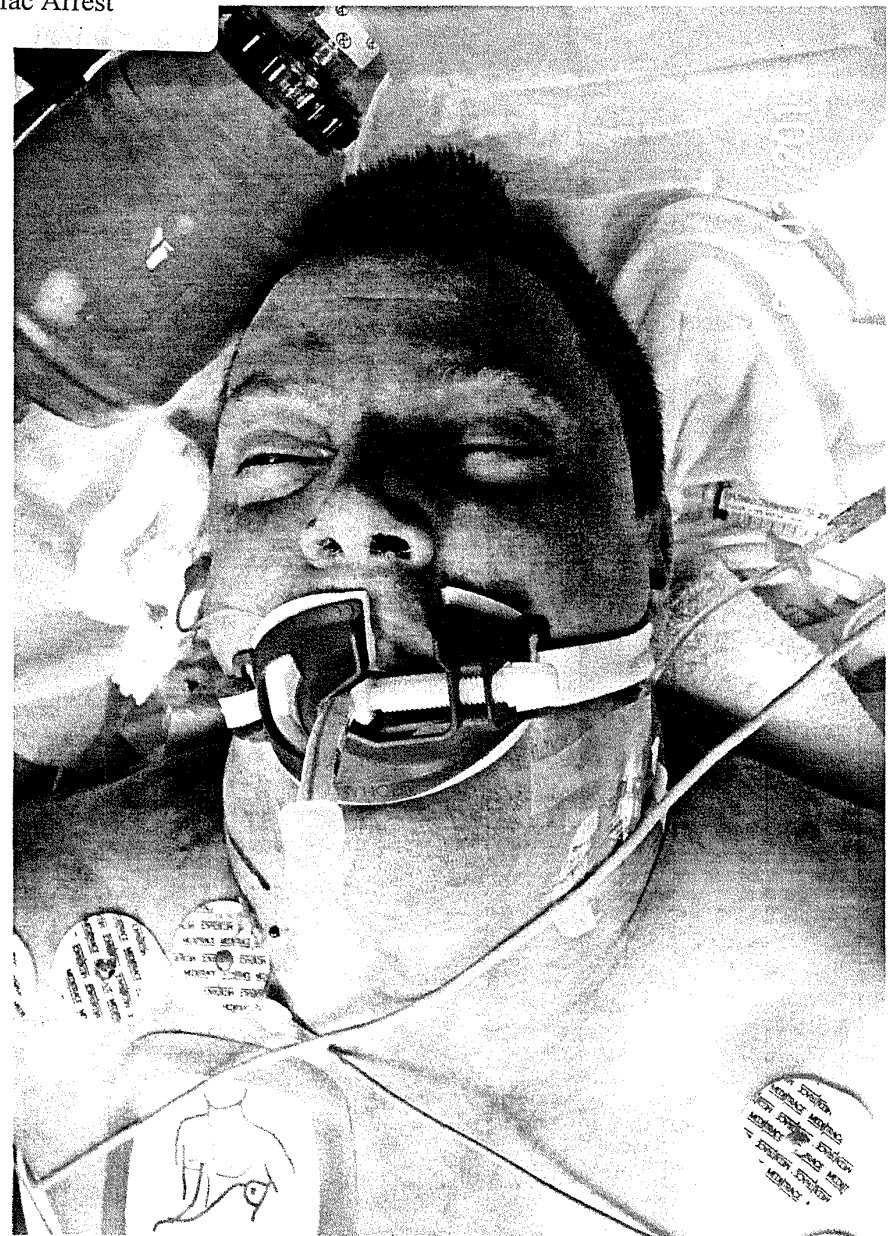
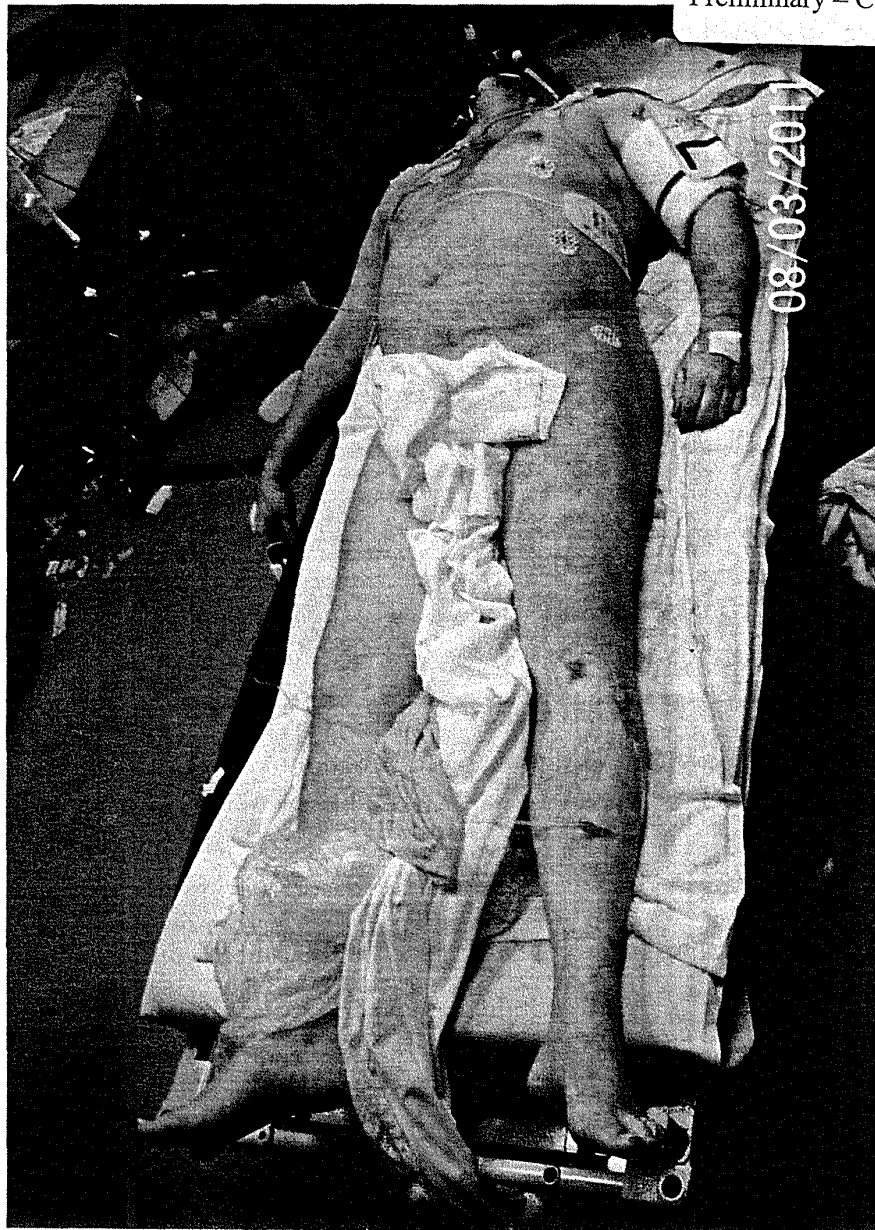
****USE MENTAL HEALTH CASEMANAGEMENT PROBLEMS AND TREATMENT OBJECTIVES (MHCPTO) DECISION TREE TO SELECT TARGET PROBLEMS AND TREATMENT OBJECTIVES****

MENTAL HEALTH CASE MGMT PROBLEMS AND TRM
SOCIAL SKILLS TRAINING

Meyers, Thomas
Offender Death
Preliminary – Cardiac Arrest

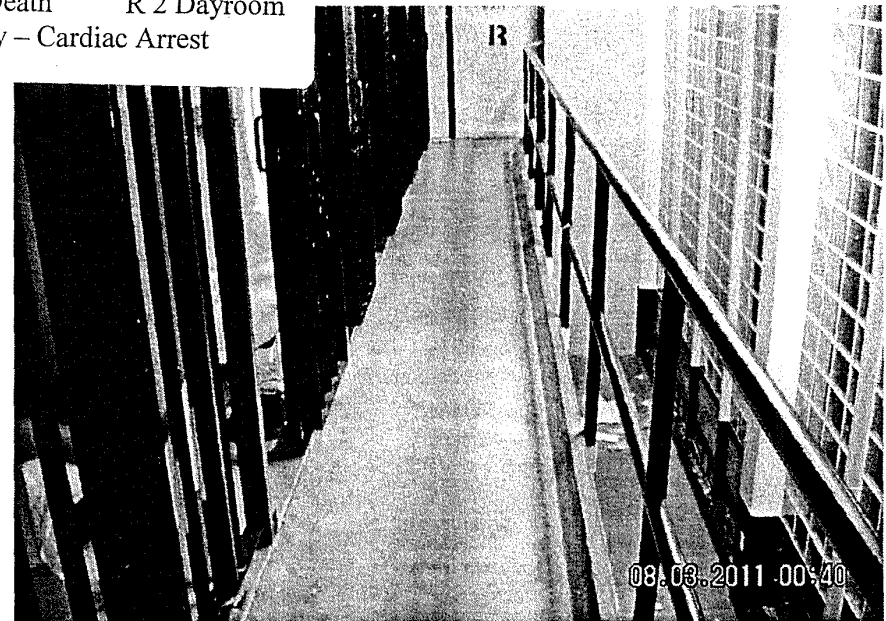
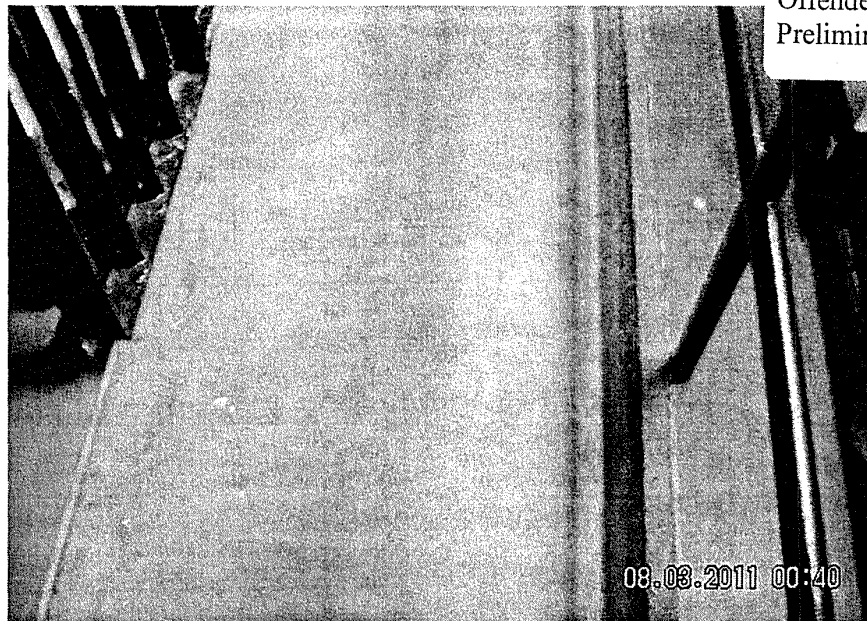
680515

R 2 Dayroom



McCollum/ Meyers-99

I 10915-08-11 8/3/11
Meyers, Thomas 680515
Offender Death R 2 Dayroom
Preliminary – Cardiac Arrest



McCollum/ Meyers-100

I 10915-08-11

8/3/11

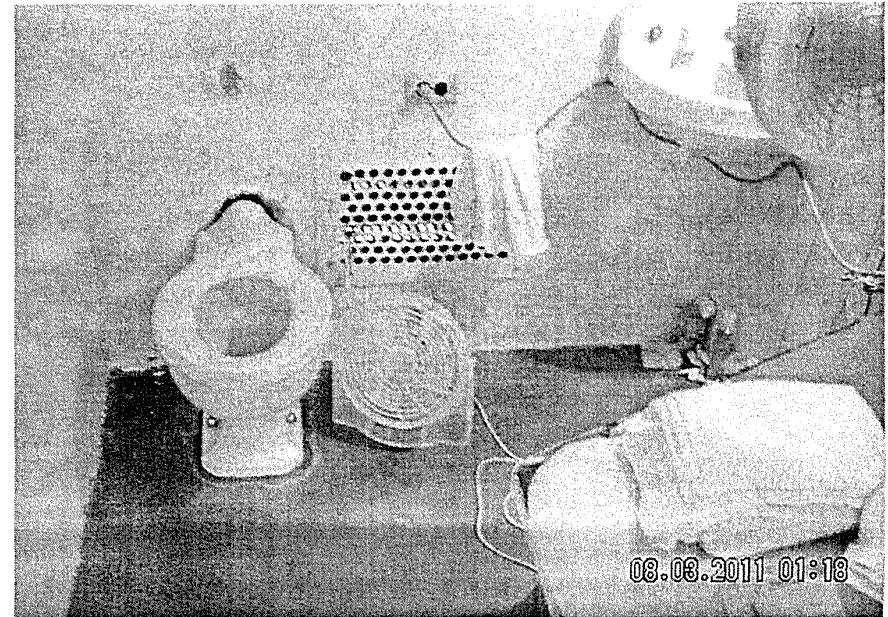
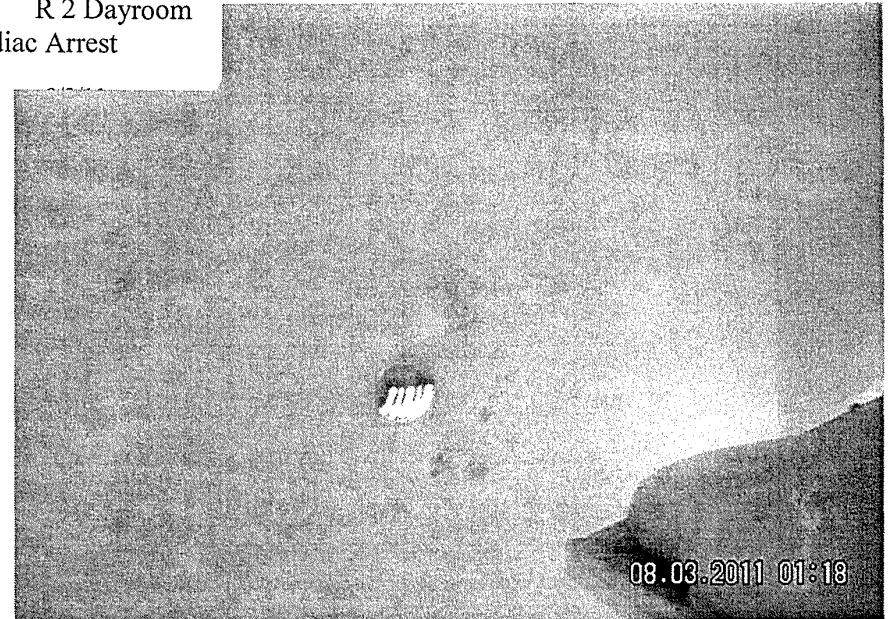
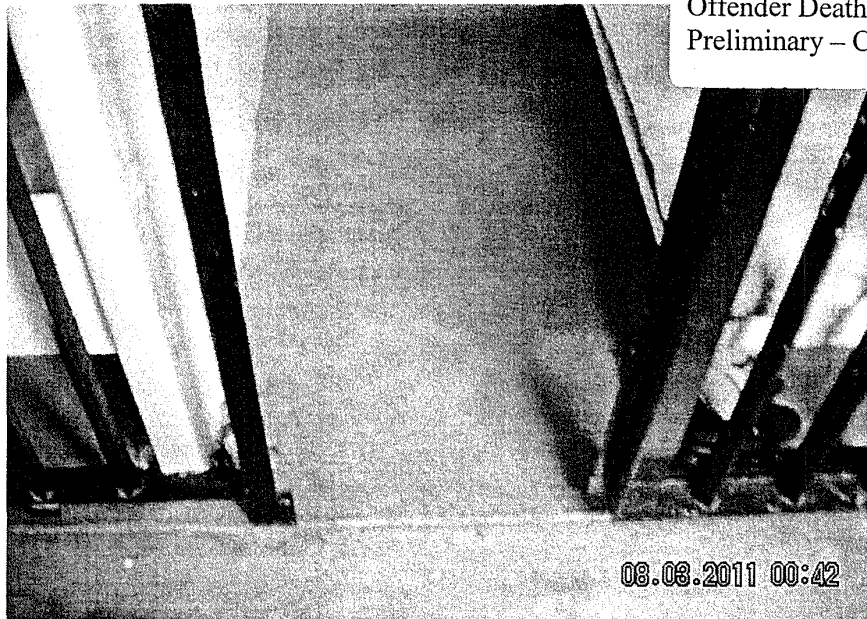
Meyers, Thomas

680515

Offender Death

R 2 Dayroom

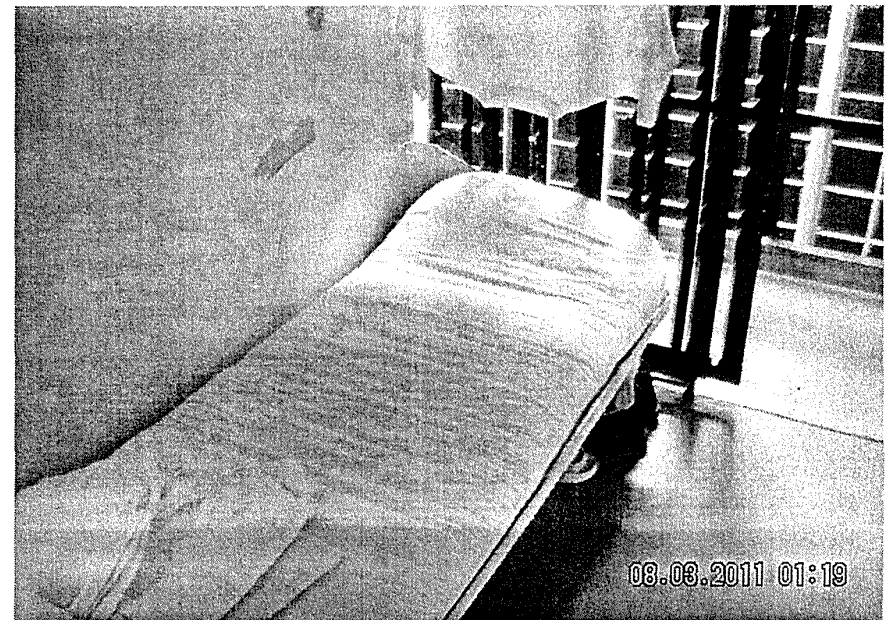
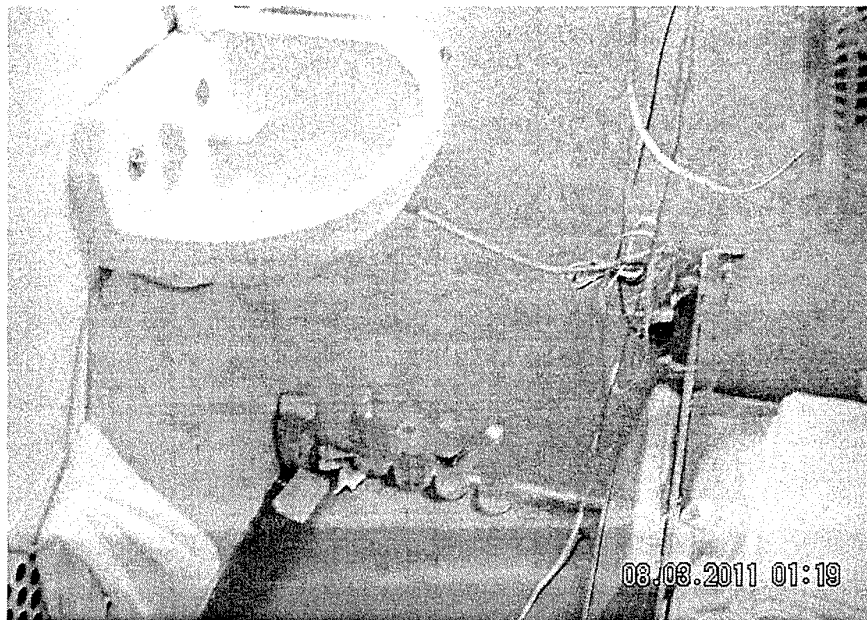
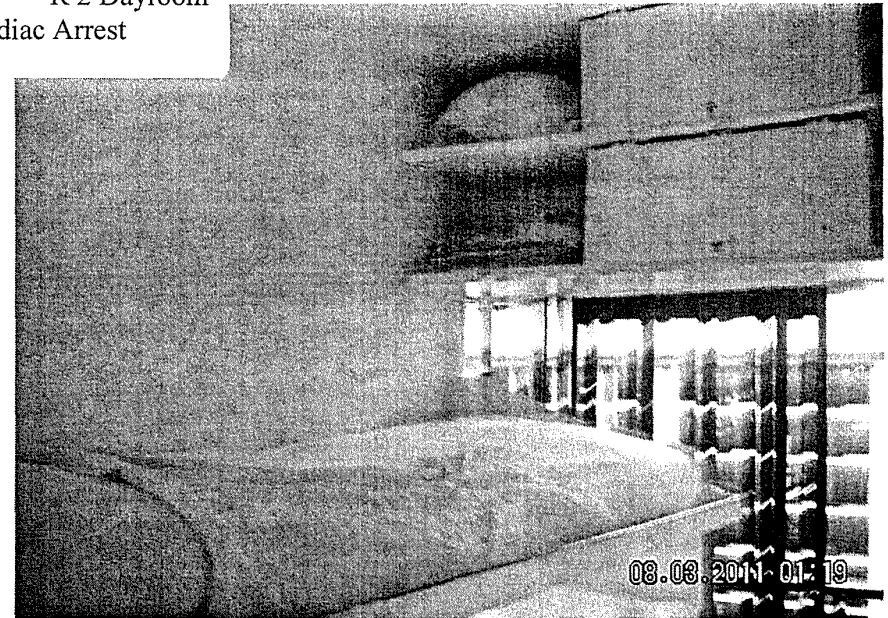
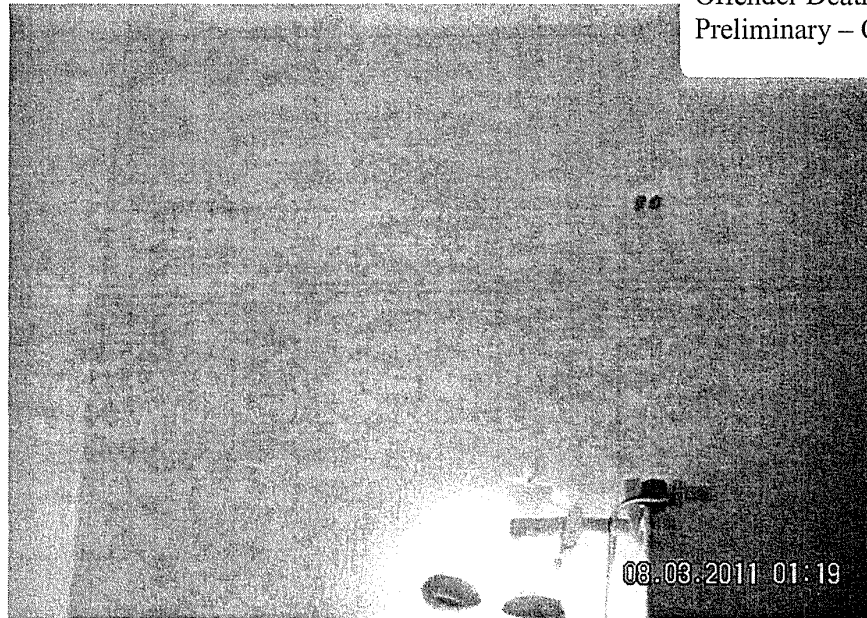
Preliminary – Cardiac Arrest



McCollum/ Meyers-101

110915-08-11
Meyers, Thomas
Offender Death
Preliminary – Cardiac Arrest

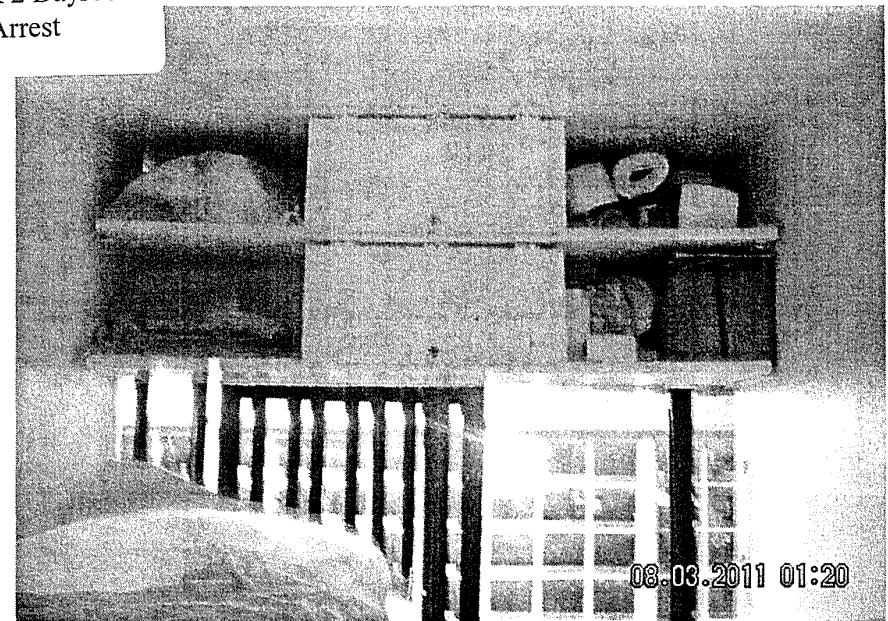
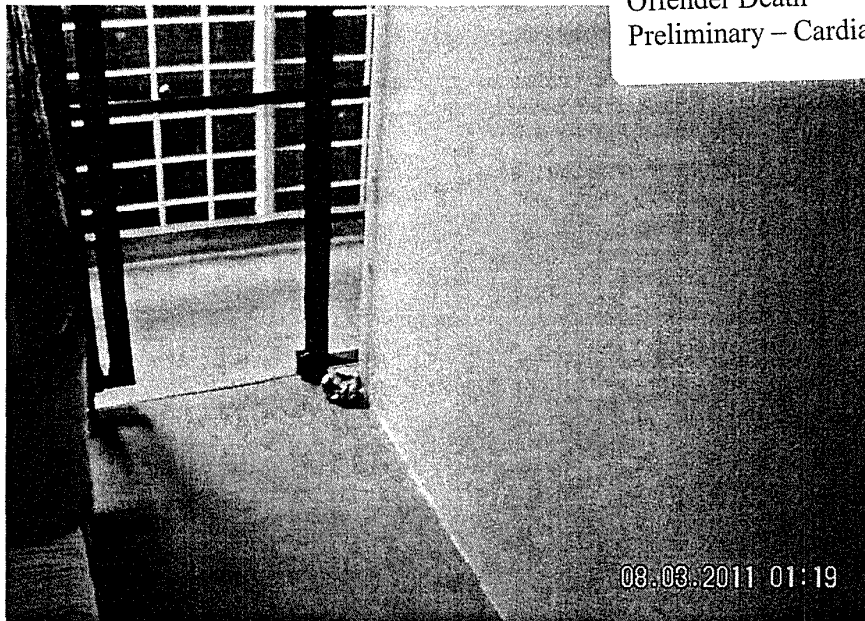
08-03-11
680515
R 2 Dayroom



McCollum/ Meyers-102

I 10915-08-11
Meyers, Thomas
Offender Death
Preliminary – Cardiac Arrest

08-03-11
680515
R 2 Dayroom



McCollum/ Meyers-103

McCollum/ Meyers-104

I 10915-08-11
Meyers, Thomas
Offender Death
Preliminary - Cardiac Arrest

08-03-11
680515
R 2 Dayroom



TREATMENT: CPR

NAME (LAST, FIRST M)	EMPLOYEE INFORMATION					RANK
	SSN	RACE	SEX	AGE		

WHEN REPORTING AN ALLEGED SEXUAL ASSAULT PLEASE PROVIDE THE FOLLOWING
 WAS A RAPE KIT COMPLETED YES NO DECLINED
 WAS A SEXUAL ASSAULT REPRESENTATIVE REQUESTED/PROVIDED YES NO DECLINED
 IF YES NAME/TITLE OF REPRESENTATIVE:

WHEN REPORTING A DEATH/SUICIDE/HOMICIDE PLEASE PROVIDE THE FOLLOWING
 DATE: 08 / 03 / 2011 TIME: 00 : 10 PRONOUNCED DECEASED
 PERSON PRONOUNCING VICTIM DECEASED NAME/TITLE: THOMAS, RON DOCTOR
 COUNTY WHERE DEATH OCCURRED: ANDERSON
 PRELIMINARY CAUSE OF DEATH: CARDIAC ARREST
 NEXT OF KIN NOTIFIED X YES NO DATE: 08 / 03 / 2011 TIME: 03 : 15
 NAME OF NOK: CL MEYERS
 HUNTSVILLE FUNERAL HOME NOTIFIED YES NO
 JUSTICE OF PEACE NOTIFIED: X YES NO

DESCRIPTION OF WEAPON(S) CONTRABAND

AMOUNT	CHEMICAL AGENT INFORMATION		AUTHORIZATION
	LIST TYPE		

WAS TEAM AUTHORIZED	YES	NO	DECONTAMINATED	YES	NO	INJURIES	YES	NO

WERE ANY TECHNOLOGIES/PROTECTIVE EQUIPMENT/CANINE LISTED BELOW PERTINENT TO THIS INCIDENT?
 YES NO X

IF YES, INDICATE APPLICABLE

PARCEL SCANNER
 WALK THROUGH METAL DETECTOR
 HAND HELD METAL DETECTOR
 B.O.S.S. CHAIR
 VIDEO SURVEILLANCE
 HEARTBEAT DETECTION SYSTEMS
 BODY ALARM
 PERIMETER FENCE DETECTION SYSTEMS

10915

STAB-RESISTANT VEST
NARCOTIC DETECTOR CANINE
CELL PHONE DETECTOR CANINE
PACK CANINES
S.A.R. CANINES
CONTRABAND INTERDICTION SHAKEDOWN TEAM
OTHER:

WHEN APPLICABLE INCLUDE IN THE "SUMMARY OF INCIDENT" HOW THE RESOURCE(S) IDENTIFIED ABOVE WAS RELEVANT TO THE INCIDENT.

SUMMARY OF INCIDENT

ON 08/02/2011 AT 2230 HOURS AN ICS WAS INITIATED ON P3-R WING 2 ROW DUE TO OFFENDER MEYERS, THOMAS 680515 WAS LAYING UNRESPONSIVE ON THE ROW. MEDICAL AND A RESPONSE ARRIVED AND THE OFFENDER WAS ESCORTED TO THE UNIT INFIRMARY. IT WAS DETERMINED THE OFFENDER NEEDED TO BE TAKEN VIA 911 AMBULANCE TO THE HOSPITAL DUE TO LOW BLOOD PRESSURE AND HIGH HEART RATE. WHEN THE EMT ARRIVED THEY DETERMINED THE OFFENDER NEEDED TO BE TRANSPORTED VIA CARE FLIGHT. AS THE OFFENDER WAS BEING TRANSPORTED TO THE HELICOPTER THE OFFENDER WENT INTO CARDIAC ARREST CPR WAS INITIATED. IT WAS DETERMINED THAT CPR COULD NOT BE PERFORMED IN THE CARE FLIGHT. THE OFFENDER WAS TRANSPORTED TO PRMC VIA AMBULANCE. UPON ARRIVAL TO PRMC THE OFFENDER WAS PRONOUNCED DEAD AT 0010 BY DR THOMAS, RON

NOTIFICATIONS: WARDEN RUPERT, J 2240
REG DIR EASON, R 0020
OIG HARDING, L 0025
JUSTICE OF THE PEACE THOMAS, G 0028
CHAPLAIN ROSE 0045
EAC MINOR, B 0253
INCIDENT NUMBER ISSUED I-10915-08-11

Possible Heat RELATED

10915

(SEND ADDITIONAL INFORMATION TO HQEAC01 INCLUDE INCIDENT NUMBER AS SUBJECT)
PREPARED BY: LT REHSE DATE: 08 / 03 / 2011
AUTHORIZED BY: WARDEN RUPERT,J

Sent to: EAC <list> (to)

10915

 *** REQUESTOR: SKE0144 - KELLOGG, GINGER EMERGENCY ACTION CENTER ***

 *** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 950502 DATE: 08/03/11 TIME: 09:54 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
 GENERAL TERMINAL
 EMERGENCY ACTION CENTER

FROM: DRO3457 - ROSE, DANIEL
 CHAPLAIN II
 COFFIELD UNIT

SUBJECT: DEATH NOTIFICATION

*****DEATH NOTIFICATION*****

INMATE: MEYERS, THOMAS TDCJ# 00680515
 DATE OF DEATH: 08/03/2011
 CUSTODY: S3 STATUS: B2 RACE: CAUC DOB: 12-26-64 AGE: 46
 CAUSE OF DEATH: CARDIAC ARREST TIME: 0010 DOCTOR: RON THOMAS
 PLACE OF DEATH: PALESTINE REGIONAL MED CENTER
 DUTY WARDEN: RUPERT TIME: 2240
 JUSTICE OF THE PEACE: GARY THOMAS TIME: 0103
 TDCJ-ID-IAD: OIG LEE HARDING TIME: 0107
 CARNES FUNERAL HOME: TIME: 0125
 CHAPLAIN: ROSE TIME: 0045
 EAC: TIME: 0253
 APPROVAL OF AUTOPSY BY N.O.K. (X) YES () NO () UNABLE TO CONTACT
 N.O.K. CHARLES MEYERS TIME 0315 HRS PHONE 940-382-1362
 ADDRESS: 813 IMPERIAL FAMILY WILL () WILL NOT (X) CLAIM BODY
 ADDRESS: DENTON, TEXAS
 LOCATION OF BODY:
 LOCATION OF INMATE PROPERTY: COFFIELD

Sent to:	HSMA016	DEATH RECS/CAROLYN MCMILLIAN	(to)
	HUWAR01	HUNTSVILLE_WARDENS_OFFICE	(to)
	CHAPSUP	HARDIN, LAWANA	(to)
	HQEAC01	CENTER, EMERGENCY ACTION	(to)
	CAS7772	ASHWORTH, CARISE	(to)
	KEN2430	ENLOE, KELLY	(to)
	DRO3457	ROSE, DANIEL	(to)
	BJA4787	WAGGONER, BERNICE	(to)
	JRU2859	RUPERT, JOHN	(to)
	JWI5714	WISENER, JOHN R.	(to)
	CRA8076	RAY, CLIFTON	(to)